

**STATE OF ALASKA**  
**Department of Revenue**  
**Child Support Services Division**

## **Confidentiality of Information for Victims of Domestic Violence**

The Child Support Services Division may be required to release information about you or your children to other parties or agencies. Information that may be released may include names, addresses, social security numbers, and birth dates. This information will be released only as authorized by law and only as needed to take action in your case. We will not release information to the general public. However, if your case is filed with the court, information in the court case may be available to the public.

**If you or your children have been victims of domestic violence, including harassment, threats, mental and emotional abuse, physical violence including sexual assault or incest, and parental kidnapping, you may ask that information about your address and location be kept confidential.**

You must complete the "Affidavit and Request for Address Confidentiality," sign it before a notary or a witness, and return it within 30 days. Attach any documents you have (such as police reports, protective orders, restraining orders, or medical records) to show why you believe the release of information about your address or your location would threaten your well being. CSSD will review your request and get back to you in writing. Please contact CSSD if you have questions.

***If we don't hear from you in 30 days,  
your address and other information may be released.***

KIDSLINE: (907) 269-6900  
TDD machine: (907) 269-6894

KIDSLINE Toll Free (in Alaska): 1-800-478-3300  
TDD machine Toll Free (in Alaska): 1-800-370-6894

**Statewide - Main Office**  
550 W 7th Ave Suite 310  
Anchorage AK 99501-6699  
(907) 269-6900

**Fairbanks**  
675 7th Ave Station J2  
Fairbanks AK 99701-4526  
(907) 451-2830

**Mat-Su**  
845 W Commercial Drive  
Wasilla AK 99654-6937  
(907) 357-3550

**Southeast**  
410 Willoughby Ave Suite 107  
Juneau AK 99801-1724  
(907) 465-5887  
Ref: Alaska Statute 25.27.275

## Affidavit and Request for Address Confidentiality

Complete this affidavit **only** if you want your address and information about your location to be kept confidential and not released to a person (such as a parent or custodian) **who would otherwise be entitled to have information about your child support case**. CSSD will respond in writing with a decision about your request for confidentiality.

I, \_\_\_\_\_, swear under penalty of perjury that the following information is true to the best of my knowledge and belief:

1. Name of person I do not want information released to: \_\_\_\_\_  
Person's relationship to me or the child: \_\_\_\_\_ CSSD case number: <CASEID>
2. This person has committed domestic violence (threatened, harassed, physically or mentally abused, or committed sexual assault or incest) against me or my child. Describe who was involved, when, where, and how it happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. violence protective (A domestic restraining) order ( ) has ( ) has not been issued against the person. (If yes, please provide information about the case): Court case number: \_\_\_\_\_  
Court location: \_\_\_\_\_  
Describe who was involved, when, where, and how it happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The person ( ) has ( ) has not been charged with a crime (such as assault or harassment) or been involved in a criminal civil or criminal court case in which I was a party, a victim, a witness, or otherwise involved. (If yes, please provide information about the case): Court case number: \_\_\_\_\_  
Court location: \_\_\_\_\_  
Describe who was involved, when, where, and how it happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Why I feel threatened by this person, and why I want my address kept confidential: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

My commission expires \_\_\_\_\_

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**If you can't get to a notary, please sign before a witness, and have the witness complete the information below.**

I acknowledge that I know the person who signed this form is the person he or she claims to be, and that I witnessed the signature above.

Signature of witness \_\_\_\_\_ Witness's Social Security# (optional) \_\_\_\_\_

Printed name of witness \_\_\_\_\_ Telephone number of witness \_\_\_\_\_

Mailing address of witness \_\_\_\_\_

CSSD main office mailing address: 550 W 7th Ave Suite 310 Anchorage AK 99501-6699